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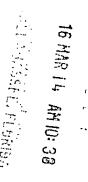
| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | siness Entity Nar | me) |
| (Do | ocument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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MAR 1 6 2016 Y SULKER Cover letter:

To whomitimay concern,

Enclosed is a check and the form to ammend the name of our LLC. I can be reached at 954-830-9508 if there are any questions. Thank you!

Sheery Weizman

£ .

Return address: 3307 N.W. 28th Ave.
Boca Boca Raton, FL. 33434

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------------|--------------------------------------|--|---|---|
| TI | P.A.L.S.S., | LLC | | |
| SUBJI | ECT: | Name of Limi | ited Liability Company | |
| | | | | |
| The en | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Sheery Weizman | | |
| | | | Name of Person | |
| | | P.A.L.S.S., LLC | | |
| | | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | | 3307 NW 28th Ave | | |
| | | | Address | |
| | | Boca Raton, FL. 33434 | | |
| | | | City/State and Zip Code | |
| | | shiriw@hotmail.com | to be used for future annual report notific | |
| | | | · | canon) |
| For fu | rther information co | oncerning this matter, please ca | all: | |
| Sheer | y Weizman | | 954 830-9508 at () | |
| | Name o | f Person | | Telephone Number |
| Enclo | sed is a check for th | ne following amount: | | |
| □ \$ 2 | 25,00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| gnation "LLC" or the abbreviation "L.L.C." |
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| our records, enter the name of th |
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| a street address |
| Florida Forta |
| Zip Code |
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Name Address Type of Action** _□ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change □Ádd _□ Remove _ □Æhange □ Add □ Remove ☐ Change ☐ Remove

_□ Change

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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior | 4- 4-4- | -CClina | 4b 00 d- | (optional |) | | . 01 |
| e: If the date inserted in this block does not meet the appli | icable sta | atutory filin | g requiremen | ts, this date | e will no | ot be list | ed |
| ument's effective date on the Department of State's records | ls. | | | | | | |
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| record specifies a delayed effective date, but no he 90th day after the record is filed. | ot an e | effective t | ime, at 12 | ::01 a.m. | on th | e earli | er |
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| ed March 10 2016 | | | | | | | |
| | · | | | | | | |
| | _ | | | | | | |
| Signature of a member or auth | thorized n | enresentative | of a member | | | | |

Page 3 of 3

Filing Fee: \$25.00